## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fec(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmirting the ISSUB FBE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further cor<br>indicated unless corrected i<br>maintenance fee notification                                                                                                                                                                                                                      | below or directed otherwise                                                                                                                        | atent, advance orders a<br>in Block 1, by (a) spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and notification<br>cifying a new co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of maintenance fees<br>orrespondence addres                                                    | will be mailed to the currents; and/or (b) indicating a seq                                                                                                    | nt correspondence address as<br>parate "FEE ADORESS" for                                                                                                      |
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| 022392 75                                                                                                                                                                                                                                                                                                         | 25 ADDRESS (Novo: Uso Block I for                                                                                                                  | OIPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fee(s) Transmittal. T<br>papers. Each addition<br>have its own certifies                       | his certificate cannot be used<br>nal paper, such as an assignm<br>us of mailing or transmission                                                               | for domestic mailings of the<br>for any other accompanying<br>tent or formal drawing, must                                                                    |
| LAW OFFICE OF LIAUH & ASSOC. 4224 WAIALAE AVE STE 5-388 HONOLULU, HI 96816  APR 0                                                                                                                                                                                                                                 |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ربر 205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I hereby certify that<br>States Postal Service<br>addressed to the Ma<br>transmitted to the US | ortificate of Mailing or Trai<br>this Fcc(s) Transmittal is bei<br>with sufficient postage for fail<br>sil Stop ISSUE FEE addres<br>PTO (703) 746-4000, on the | ng deposited with the United<br>irst class mail in an envelope<br>s above, or being facsimile<br>date indicated below.                                        |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    | THE STATE OF THE S | 4.0)<br>20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | W. Wa                                                                                          | upe Lianh                                                                                                                                                      | (Depasitor's name)                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    | TRADE!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | 41.105                                                                                                                                                         | (Dute)                                                                                                                                                        |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                   | FILING DATE                                                                                                                                        | . PIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PIRST NAMED INVEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | ATTORNEY DOCKET NO.                                                                                                                                            | CONFIRMATION NO.                                                                                                                                              |
| 10/699,214                                                                                                                                                                                                                                                                                                        | 10/31/2003                                                                                                                                         | · Shu-Mu Lai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | OR0320                                                                                                                                                         | 2788                                                                                                                                                          |
| TITLE OF INVENTION: E                                                                                                                                                                                                                                                                                             | LECTRONIC DARTBOARI                                                                                                                                | D ADAPTED TO META                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AL DART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                                                                                |                                                                                                                                                               |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                       | SMALL ENTITY                                                                                                                                       | aay adeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BLICATION FEE                                                                                  | TOTAL FEE(S) DUE                                                                                                                                               | DATE DUE                                                                                                                                                      |
| nouprovisional                                                                                                                                                                                                                                                                                                    | YES                                                                                                                                                | \$700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$300                                                                                          | \$1000                                                                                                                                                         | 05/04/2005                                                                                                                                                    |
| EXAMINER                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ASS-SUBCLASS                                                                                   |                                                                                                                                                                |                                                                                                                                                               |
| GRAHAM, MARK S                                                                                                                                                                                                                                                                                                    |                                                                                                                                                    | 3711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 273-376000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | <del>-</del> .                                                                                                                                                 | •                                                                                                                                                             |
| CPR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SR/127) attrached  Tee Address" indication (or "Fee Address" Indication form PTO/SE/47; Rev 03-02 or more recent) anached, Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 1 |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agent and its interest of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignce is identified below, the document has been filed for IT a substitute for filing an assignment. |                                                                                                |                                                                                                                                                                |                                                                                                                                                               |
| PLEASE NOTE: Unless<br>recordation as set forth in                                                                                                                                                                                                                                                                | an assignee is identified be<br>37 CFR 3.11. Completion                                                                                            | low, no assignce data v<br>of this form is NOT a su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | will appear on ti<br>batitute for filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne patent. If an assig<br>an assignment                                                        | nce is identified below, the                                                                                                                                   | document has been filed for                                                                                                                                   |
| (A) NAME OF ASSIGNEE (E                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01 FC:2501 700.00 DA 02 FC:1504 300.00 DA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                                |                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                   | assignee category or catego                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Individual U                                                                                   | Corporation or other private p                                                                                                                                 | roup entity U Government                                                                                                                                      |
| 4a. The following fee(s) are enclosed:  4i Issue Fee                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n. Payment of Pee(s):  A check in the amount of the fee(s) is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                                                                                |                                                                                                                                                               |
| V                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                |                                                                                                                                                               |
| Advance Order - # of Copies                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                                                                                | r credit any overpayment, to copy of this form).                                                                                                              |
| 5. Change in Entity Status                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                                                                                |                                                                                                                                                               |
| a. Applicant claims 8                                                                                                                                                                                                                                                                                             | MALL ENTITY status. See:                                                                                                                           | 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , Applicant is no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | longer claiming SM                                                                             | ALL ENTITY status. See 37                                                                                                                                      | CFR 1.27(8)(2).                                                                                                                                               |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the rect                                                                                                                                                                                                                           | is requested to apply the last<br>ublication Fee (if required) vords of the United States Pate                                                     | vill not be secepted from<br>ent and Trademurk Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ee (II any) or to<br>anyone other the.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | no the applicant; a re                                                                         | gistered attorney or agent; or                                                                                                                                 | cution identified above,<br>the assignee or other party in                                                                                                    |
| Authorized Signature                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                           | 4/1/05                                                                                                                                                         | ***************************************                                                                                                                       |
| Typed or printed name W. Wayne Liquib                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration No. 7 4 212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                                                                                                |                                                                                                                                                               |
| This collection of informatic<br>an application. Confidential<br>authriting the completed a<br>this form and/or suggestions.<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313-                                                                                                                         | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oblication form to the USFT is for reducing this burden, string 22313-1450, DO NOT 1450, | 11. The information is r<br>122 and 37 CFR 1.14.<br>O. Time will vary depa<br>rould be sent to the Chic<br>SEND FEES OR COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | equired to obtain<br>This collection inding upon the<br>of Information O<br>PLETED FORM                                                                                                                                                                                                                                                                                                                                                                                                                                  | s estimated to take I midividual ease. Any officer, U.S. Patent an S TO THIS ADDRE             | the public which is to file (s<br>2 minutes to complete, include<br>commonly on the amount of<br>d Trademark Office, U.S. De<br>SS. SEND TO: Commissions       | nd by the USPTO to process<br>ling gathering, preparing, and<br>time you require to complete<br>spartment of Commerce, P.O.<br>or for Patenté, P.O. Box 1450, |

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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